

# When Talking Fails

## Hearing Loss and Chronic Disease



**Dr. Damien Howard**  
**Darwin, September 2010**

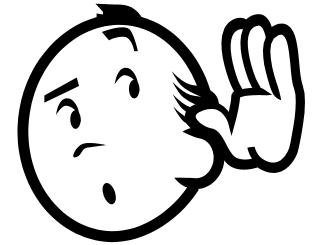
[www.eartroubles.com](http://www.eartroubles.com)



**14th Annual NT Chronic  
Diseases Network Conference**

- **Indigenous people experience more chronic disease and hearing loss than other Australians.**
- **This presentation explores how hearing loss often contributes to poor chronic disease outcomes and**
- **How these outcomes can be improved by considering hearing loss among clients.**

# Less health knowledge



- People with hearing loss generally know less about health because:
  - It is harder to learn about health at school.
  - They don't pick up as much from listening to other people – incidental learning.
- People with hearing loss who are from a minority cultural group have the least understanding of health knowledge.

research with non-Indigenous people

# Greater risk of chronic disease

Adult hearing loss is associated with a greater risk of:

- Diabetes
- Elevated blood pressure
- Heart attack
- Higher sickness impact profiles



research with non-Indigenous people



# Mental health

Adult hearing loss is also associated with a greater risk of:

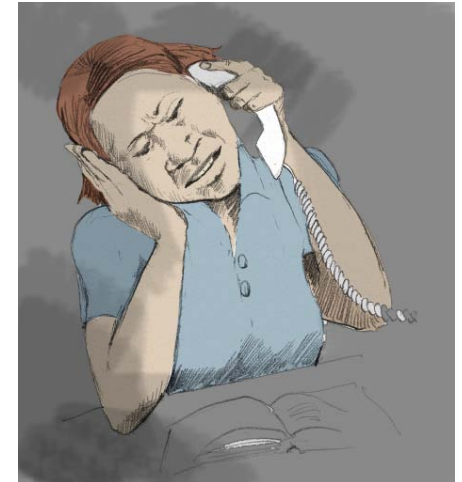
- Psychiatric disorders
- Affective mood disorders
- Poorer social relations
- Higher psycho-social impact profiles

research with non-Indigenous people



# Widespread hearing loss

- Between 40% (urban) and 70% (remote) of Indigenous adults have some degree of hearing loss.
- Often 'mild' hearing loss – but mild hearing loss can have **major** communication outcomes.

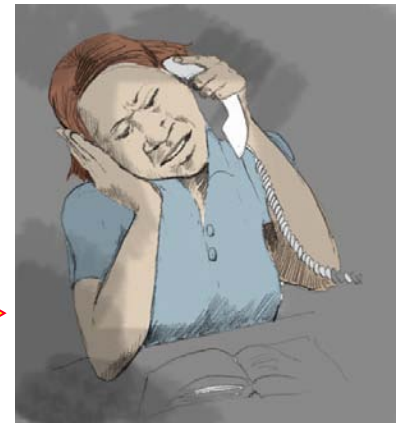


# Childhood Ear Disease

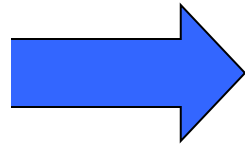
Middle ear disease causes this widespread hearing loss in Indigenous communities. Children from socially and economically disadvantaged communities experience ear disease earlier, longer and more often. Crowded housing where ear infections are easily passed on are one contributing factor.



We all live in this two bedroom house.



# Adults with early onset hearing loss



harder to become language proficient

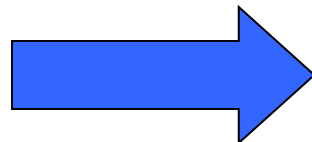
social exclusion

acquiring literacy harder

frustration  
anxiety  
avoidance  
aggression

Schooling difficult

The challenges faced by adults with early onset hearing loss are a combination of current hearing loss and the outcomes of past hearing loss.



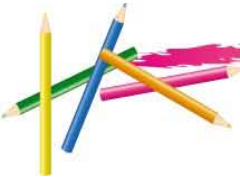
# Indications of client hearing loss

- Face watching when you talk
- Speaks little during consults
- Relies on others during consults
- Leans forward
- Asks to repeat question
- Asks for clarification - 'What's that?'
- Difficult to hear – talk quietly/indistinctly
- Difficulties with topic changes
- Misunderstanding
- Demonstrates 'listening overload'

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# Anxiety and engagement



- People with hearing loss experience more frustration and anxiety than others in the same situation.
- They often don't hear everything and may constantly think to fill in the gaps as well as worry if they have got it right.
- One way to cope is to disengage during consults or avoid attending them at all.



# Anxiety about speaking

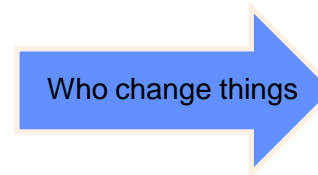
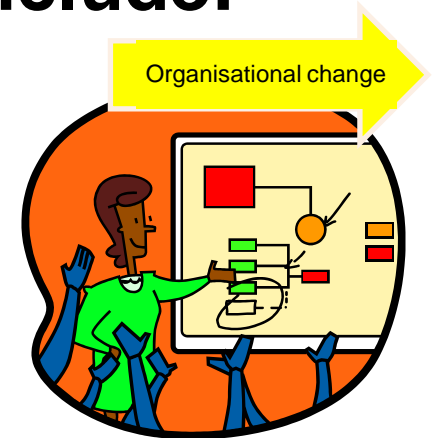


- Since hearing loss impacts on hearing sounds accurately it influences speaking skills.
- In health consults people may speak little or prefer to speak through someone with whom they are comfortable.

# Change and anxiety

**Familiarity reduces listening demands and reduces anxiety, but change is especially difficult for those with hearing loss. Changes that are difficult include:**

- change of people;
- changes in programs;
- change of processes





**The regular changes of  
staff, processes and  
programs in Indigenous  
health fosters  
disengagement from health  
care by clients with  
hearing loss**

# Implications for health services

Communication difficulties  
during health consults

Poor compliance/attendance  
poorer chronic disease management

Problems in specialist  
referrals

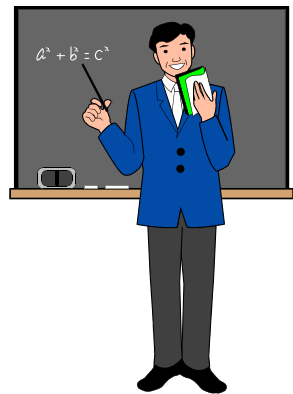
This is a problem because many Indigenous clients have hearing loss

**Or is it?**

Do limited practitioner  
communication skills  
also contribute ?

# Educated and audistic

- Success in tertiary education usually requires good listening and literacy skills.
- Those with listening problems are mostly ‘filtered out’.
- So those professionals who come to work with Indigenous people have been ‘selected’ for having little personal experience of hearing loss or the needed communication skills to work with those who have hearing loss –they tend to be ***audistic***.
- Current tertiary training or post-service training does not compensate for this.
- Professionals are not well equipped to understand or respond to hearing issues with clients



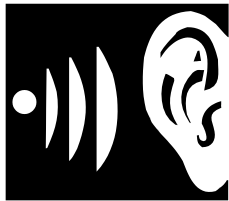


# Mutual Challenges



## Non-Indigenous

- Cultural preference for auditory/verbal communication
- Education further selects for auditory/verbal skills



## Indigenous

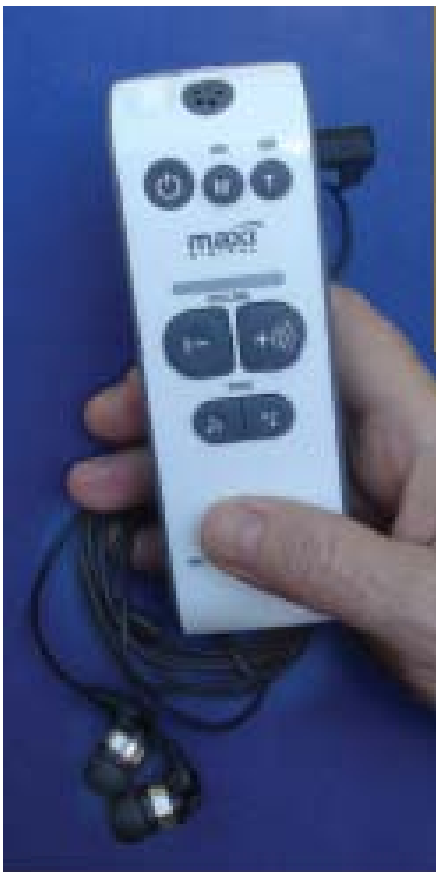
- Cultural preference for visual/thinking communication
- Hearing loss develops greater reliance on visual/thinking skills.





**What  
practitioners  
can do**

# Using amplification to improve communication



Using amplification device with patient

# Chronic disease management

*“Before people with hearing deficits often got branded at the hospital as non-compliant but now they can understand (when using amplification) because they can hear us. Before we would have to chase up people to find out where they were and sometimes they would slip through the system and we would not see them again. Using the hand held amplification device they are now turning up for appointments, doing their blood sugars – there is better compliance. I am able to use education tools more – they show they understand by nodding, before they would mostly not have a clue of what I was saying.”*

***Aboriginal Diabetes educator***

# Using amplification with clients

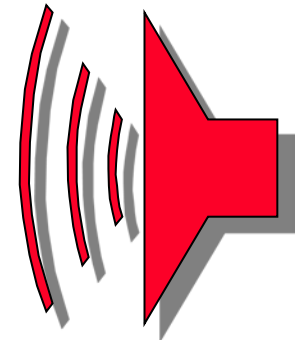
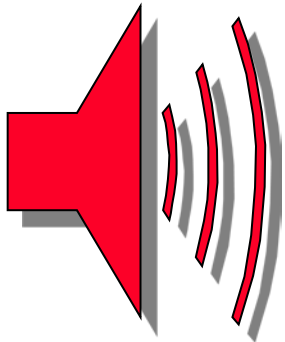
*“The compliance of patients improved and the interaction improved. People were taking medications and getting to appointments I made for them with specialists, so that would have helped improve health outcomes. Clients also asked for more information and consultations became longer. People’s participation in their own health management improved. It also decreased the likelihood of me stereotyping the client. I no longer thought some client’s limited communication was about cultural matters – involving women or men’s business, which was untrue.”*

***Dr Hung The Nguyen speaking about using an amplification device with some of his Koori clients in Melbourne***



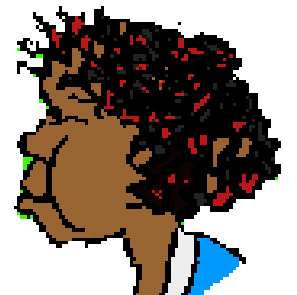
# Amplification in other contexts

- Noisy reception areas and safety barriers create problems in being able to understand what is being said. Amplification can help overcome this



# Language use

- Keep language simple
- Repeat important information
- Emphasise key words
- Keep to one topic at a time
- Indicate topic change



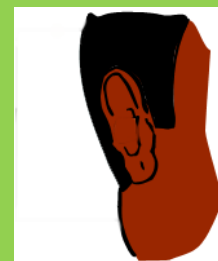
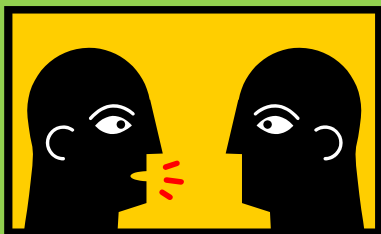
Easy Listening	In between	Hard Listening
<p><b>PLACE</b></p> <ul style="list-style-type: none"> <li>• Quiet</li> <li>• People talking loud enough</li> </ul>	<ul style="list-style-type: none"> <li>• Little bit noisy</li> <li>• People mostly talking loud enough</li> </ul>	<ul style="list-style-type: none"> <li>• Noisy</li> <li>• People talk quiet</li> </ul>
<p><b>PERSON</b></p> <ul style="list-style-type: none"> <li>• Know person well</li> <li>• From the same culture</li> </ul>	<ul style="list-style-type: none"> <li>• From same culture</li> <li>• White person know well</li> </ul>	<ul style="list-style-type: none"> <li>• White person who is not known</li> </ul>
<p><b>MESSAGE</b></p> <ul style="list-style-type: none"> <li>• Know words being spoken</li> <li>• Show as well as tell</li> </ul>	<ul style="list-style-type: none"> <li>• Don't know some words</li> <li>• Show sometimes</li> </ul>	<ul style="list-style-type: none"> <li>• Don't know words</li> <li>• Just talk, no showing</li> </ul>

**Local workers  
who know local culture  
and language,  
and are known by clients  
help foster **easy listening**  
for those with  
hearing loss**

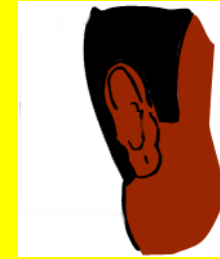
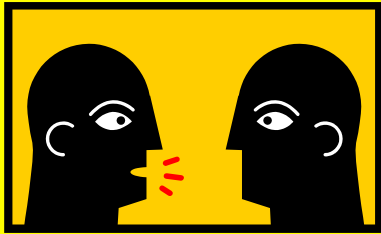
# Before and after listening

- What happens before and after people listen has a big impact on the understanding of what is talked about, by people with hearing loss.



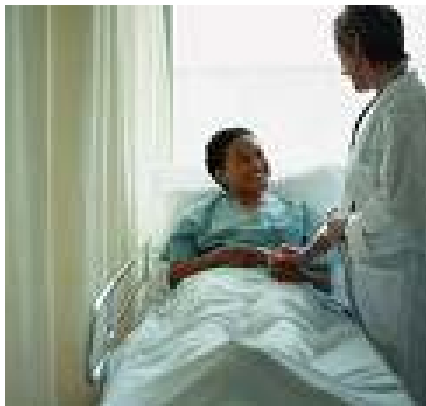


**Preparing people for what  
they will experience  
and what will be talked about  
helps people with  
hearing loss be less anxious  
and to **better understand what is said.****



**For example;  
family or AHW talking to clients with  
hearing loss about what  
**will** be talked about.**

# Getting clients familiar with what to expect



Video record someone doing the unfamiliar thing



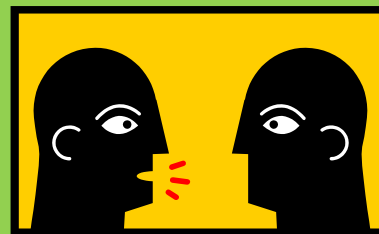
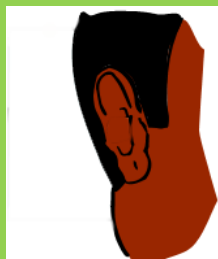
Create a DVD and give to those who will be going to do the same thing



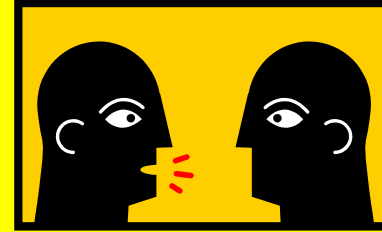
Preparing for specialist appointments



Others watch on TV and become familiar with what they can expect.



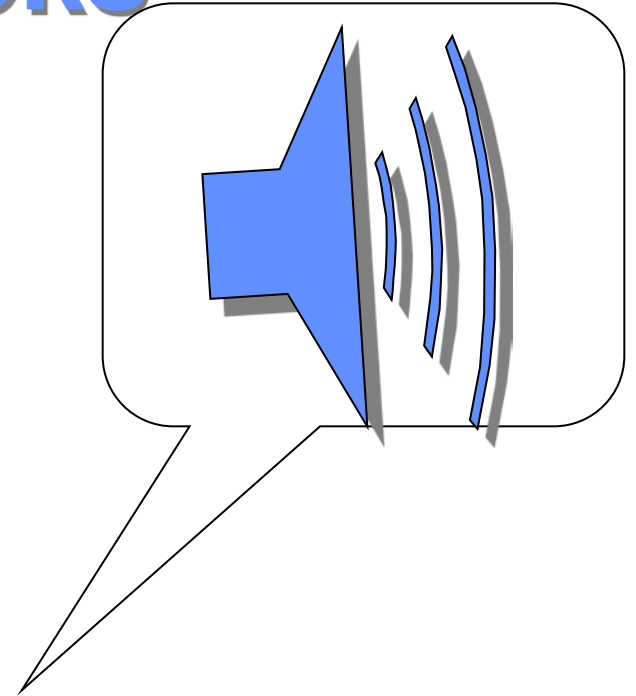
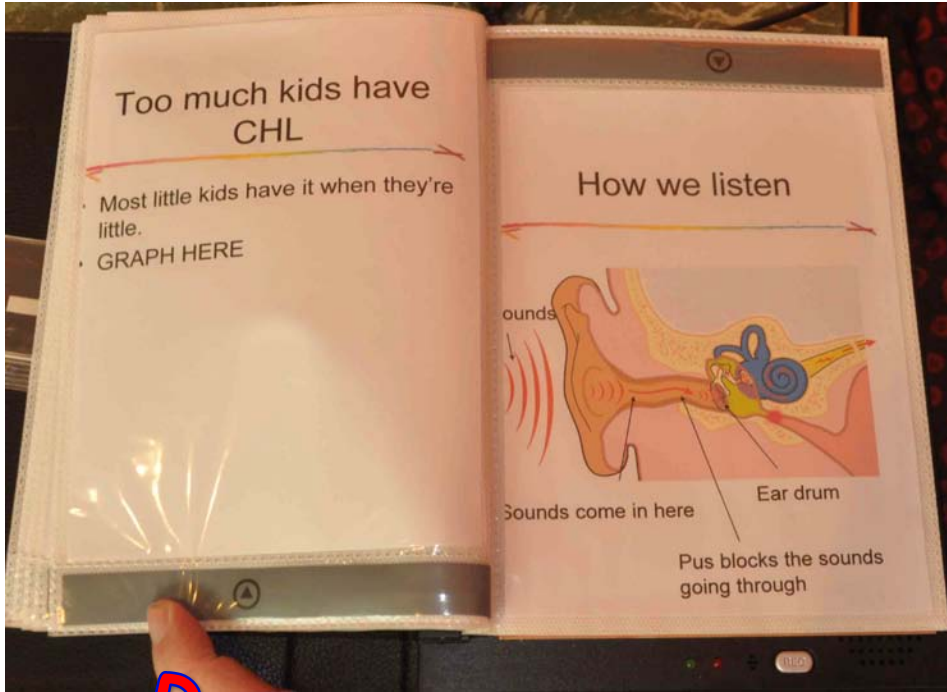
**The opportunity to discuss  
what has been said  
helps people with hearing loss  
to better understand what has been  
said.**



**For example;  
family or AHW talking to clients with  
hearing loss about what  
**has** been talked about.**

# Talking books

'Failure free' listening'



**Pre-listening preparation and  
Post-listening clarification**

# Training and resources

To order amplification devices or

- For training programs and more resources contact Dr Damien Howard
- [damien@phoenixconsulting.com.au](mailto:damien@phoenixconsulting.com.au)
- There are also more written materials available at [www.eartroubles.com](http://www.eartroubles.com)

